



PATIENT & FAMILY CENTERED CARE

UNIVERSITY OF MICHIGAN HEALTH SYSTEM

Name: _____ Date: _____

PEER MENTOR PROFILE

Please return form to your PFCC Volunteer Coordinator as soon as possible – Thanks!

Personal Profile:

Date of Birth: _____ Email: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
Religion: _____ Race/Ethnicity: _____

What information can we provide to patients interested in speaking to peer mentors (i.e. contact sheet and patient request)?

___ Phone ___ Email ___ City ___ Other _____

Are you currently employed? ___ Yes ___ No

If you are not currently employed, have you previously been employed?

___ Yes ___ No

Are you retired? ___ Yes ___ No If yes, for how long? _____

Profession: _____

What was the highest level of education that you completed?

____ Less than high school

____ High School

____ Some college

____ Bachelor's Degree Focus: _____

____ Graduate Education Focus: _____

What are your primary hobbies or interests?

Illness experience:

What is your diagnosis?

What has been the most challenging aspect of adapting to your diagnosis?

What coping strategies have you used?

How would a Peer Mentor have been helpful to you when you were first diagnosed?

Your interest in and skills to be a Peer Mentor:

Why do you want to be a Peer Mentor?

What would you be good at talking with a patient about?

What things would be challenging or difficult to talk about?

When someone comes to you with a problem, how do you usually handle it?

What is your current mode of treatment?

How would you rank your practical knowledge about your illness?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

Thanks, and feel free to use the back if you need more room!

University of Michigan
CONFIDENTIALITY STATEMENT

Confidentiality and the consumer right to privacy are legal and ethical rights. Peer consultants, social workers, nurses and anyone else involved in the University of Michigan's program have the responsibility to protect consumer confidentiality. This means that medical information regarding a consumer is privileged and may only be shared with individuals involved directly in their care. Information regarding suicide risk and homicide, by law, must be reported to appropriate legal authorities.

All peer information forms, consumer information forms and Peer Consumer Logs are confidential and should not be left unattended. Peer Consumer Logs are turned over to the peer facilitator in a timely manner so that records are secure.

Discussions concerning a consumer should not be conducted in public areas.

Violators of the confidentiality rule will be subject to immediate dismissal from the Peers Program.

I HAVE READ AND UNDERSTAND THE ABOVE CONFIDENTIALITY
STATEMENT

NAME (please print): _____

SIGNATURE: _____

DATE SIGNED: _____

Individual Self-Assessment of knowledge, intentions and skills

The purpose of this self-assessment is to assist you, the prospective Peer Resource Consultant in reviewing your knowledge, understanding, intentions, goals, and skills in areas important to helping relationships.

The learning process is very personal and only YOU can determine how successful you will be. An honest response to each of the following statements will allow you to assess your feelings and where you are right now, before the training begins. You can then use this after the training to reflect on the learning process and see how it may have impacted you.

Read each of the following statements and circle the number that best reflects your response. If you have comments about the statement or your response, write them in the space provided.

- 1.....NEVER, NOT AT ALL
2.....SOMETIMES, RARELY
3.....AN AVERAGE AMOUNT
4.....USUALLY, FREQUENTLY
5.....REGULARLY, ALMOST ALWAYS

1. I am relaxed when a person is discussing concerns or problems with me.
1 2 3 4 5 Comments:_____
2. I encourage others to express their feelings and ideas.
1 2 3 4 5 Comments:_____
3. I like helping people with concerns.
1 2 3 4 5 Comments:_____
4. I have good eye contact when talking with people.
1 2 3 4 5 Comments:_____
5. I respect the feelings of others.
1 2 3 4 5 Comments:_____
6. I respond in a genuine and honest manner.
1 2 3 4 5 Comments:_____
7. I regard the opinion of others without strongly defending my own.
1 2 3 4 5 Comments:_____
8. I am willing to share my personal feelings and experiences.
1 2 3 4 5 Comments:_____

9. I feel that I am an acceptable person.
1 2 3 4 5 Comments:_____
10. I see myself as capable of helping a person work through a personal problem.
1 2 3 4 5 Comments:_____
11. I recognize non-verbal cues that communicate various emotions.
1 2 3 4 5 Comments:_____
12. I ask for feedback and clarification on the effects of my behavior, attitudes and values.
1 2 3 4 5 Comments:_____
13. I accept things that don't go my way without displaying hostility.
1 2 3 4 5 Comments:_____
14. I demonstrate empathy by communicating to another person that I understand what they are saying and feeling.
1 2 3 4 5 Comments:_____
15. I establish my own goals and values without letting others establish them for me.
1 2 3 4 5 Comments:_____
16. I place high value on the integrity of the individual.
1 2 3 4 5 Comments:_____
17. I want to become a highly effective, competent communicator and helper.
1 2 3 4 5 Comments:_____
18. I consider conflict or disagreements as an opportunity for personal growth and do not avoid them.
1 2 3 4 5 Comments:_____
19. I am aware of my strengths and weaknesses.
1 2 3 4 5 Comments:_____
20. I would seek assistance if I experienced a difficult personal problem.
1 2 3 4 5 Comments:_____